

Medical Racism's Poison Pen: The Toxic World of Dr. Henry Ramsay

Stephen C. Kenny

Unlike many of his physician tutors and student peers, Henry Ramsay, who was a graduate of the Medical College of Georgia, did not manage to defend his white racial capital and status as a slaveholder by serving in the Confederacy. In fact, Ramsay did not even live long enough to see Georgia's ordinance of secession passed in Milledgeville in January 1861. As the *American Medical Gazette* commented in a brief obituary notice, "the wayward history of this eccentric and unfortunate man" instead saw a "melancholy termination." Suggesting widespread public curiosity as to his fate, on September 12, 1856, the *Lowell Daily Citizen and News* reported that Henry Ramsay had "poisoned himself in his cell, by mixing seeds of the Jamestown weed in a cup of coffee."

With a promise to return to some of Ramsay's troubling personal foibles, this essay concentrates on medical racism, as seen through the decidedly ordinary and representative career of this slaveholding Southern "country doctor." John Hoberman, in *Black and Blue*, a comprehensive survey and analysis of mainstream medicine's incorporation, development and dissemination of white racial prejudices in the twentieth century, defined the problem as stemming from a fundamental belief of Western racism: "that blacks and whites are opposite racial types, and . . . that black human beings are less complex organisms than white human beings." In tandem, these deep-seated racial notions underpinned the fabrication of "a racially differentiated human biology that has suffused the tissues, fluids, bones, nerves, and organ systems of the human body with

racial meanings” which had a profound effect on medical thought and practice (Hoberman 66).

As Hoberman’s 2013 study emphasized, almost all of “the major human organs and organ systems have their own racial histories” and “many diseases and disorders have been effectively coded ‘white’ or ‘black’.” Further, medical racial stereotypes, such as the myths of black physical and emotional hardiness, including the long-held idea that black people do not feel pain as intensely as whites do, have been thoroughly absorbed into medical education and practice, framing doctor-patient encounters and warping diagnoses and treatments (66). This essay highlights an array of layered and connected ideas, as well as specific mechanisms, practices and spaces that embedded racial science and established medical racism as a fundamental characteristic of professional medicine in the nineteenth-century South. It examines the deeply racist context and character of Ramsay’s upbringing, medical education, research, writings, teaching and practice, as well as the career opportunities he fashioned through so-called “Negro medicine,” his declared specialism. By reconstructing, contextualizing, and analyzing the residual traces of a voraciously ambitious white Southern medical practitioner’s career, I will highlight how mundane, varied, and visceral Southern medicine’s denigration of blackness was and its reliance on the exploitation of enslaved subjects. Through Ramsay, I will examine how “Negro medicine,” a form of medical racism that flourished in the antebellum slave-holding South, was produced, institutionalised, and circulated in a time of Southern medical growth and chattel slavery’s expansion.

The generally accepted academic view is that medical practice during American slavery’s antebellum era (1780-1861), especially Southern medicine, was a simple

“country medicine” in need of professional reform, slow to adopt professional and scientific approaches to education, organization and research (Devine; Stowe; Warner, *Against*). There were, however, powerful and disturbing connections between slavery, race, and medicine in the nineteenth-century American South that acted as a tremendous stimulus to the modernization and professionalization of medical science. The whole fabric of antebellum Southern medicine, for example, relied upon racist ideologies, the systematic exploitation of the enslaved and took the opportunity to experiment on the bodies of black people to advance doctors’ personal and professional agendas. Developments in professional medicine, racial science and slavery—via American slavery’s main engine of growth, the domestic slave trade—combined in the late antebellum era to make enslaved subjects more profitable and advantageous to the medical profession, and thus more vulnerable to both medicalization and medical exploitation.

While Dr. Ramsay left no unpublished documents to posterity: no bedside notes, no day books, no diary, and no correspondence, his published work nonetheless was extensive and found an audience on both sides of the Mason-Dixon Line. In 1853, for example, three years before Ramsay’s suicide, the upstate New York based periodical *Nelson’s American Lancet* ran a “short Biographical sketch of a Gentleman,” who, “through his numerous contributions” had become a “favorite” with the journal’s readers who regarded him as “one of the brightest stars in the firmament of Southern Medicine.”

Dr. Ramsay is a young man, a Georgian by birth and education, a lineal descendant of an ancient Scottish race, known to the historic annals of *poetic* and historic traditions. Many of the literary lineaments of the older race have been preserved in the subject scion. Dr Ramsay is a spare man, of straight form, thin visage, grey eyes, large head, and light hair, with an easy, careless carriage, combined with an affable and familiar

expression of countenance. He speaks to everyone, and is at home any where. . . . Dr Ramsay is the *beau ideal* of a “Country Doctor,” a kind and benevolent man, a true Gentleman, carrying upon his face the emblems of honesty, integrity, frankness and candor. (“Dr. Henry” 142)

By the early nineteenth century, American medical biography was a developing genre in the nation’s print culture and a regular feature in many medical periodicals, but there are likely few sketches of a physician’s character that proved to be as deeply flawed as Ramsay’s in this emerging professional literature.¹

To date Ramsay’s story and writings have served as brief illustrations and footnotes to sub-themes in the history of Southern medical science (Savitt 113, 163; Stein 50, 76; Stowe 230). Though some information about Ramsay is missing from the historical record, his education and career—especially his brief surge of research outputs on the subject of “Negro medicine” and promotion of Southern country practice—warrant sustained critical consideration. Ramsay’s various contributions to antebellum medical publishing occurred during a period which saw significant developments in orthodox medicine under American slavery, marked by a rapid expansion and widening circulation of medical knowledge in the South, as well as the deepening of medical racism. In re-examining Southern “country” and “Negro medicine” through the life and career of Henry Ramsay, this essay pays attention to the settings and circumstances that shaped his white racial worldview, the racist notions expressed in his medical writings—particularly his revealing hyper-racist pamphlet on the “Necrological Appearances of Southern Typhoid Fever” (1852—and his attempt to launch a periodical devoted to the “diseases and peculiarities of the Negro race.”

Racialized Medical Education and Research in the Slave South

While Southern physicians saw in the slave population an invaluable resource for the expansion of professional education and research activities, and so-called “Negro” or racialized medicine boomed in the late antebellum era, the scientific study of blackness, however, was only one dimension of antebellum Southern medicine’s racialization. All of the South’s professional practitioners were white males, and a substantial majority were also slaveholders, a situation that historian Sharla Fett aptly described as having “eviscerated the notion of consent for enslaved patients” (Fett 145). Numerous essays on slave health and welfare appeared in Southern agricultural journals, such as the *Southern Cultivator*, alongside recommendations for improving livestock, the prevention of leaf mould, and advertisements for manures, a curious framing of commercial interests with dreadful implications for medical identity, and for attitudes toward the enslaved. Even greater numbers of such essays were published, extracted, republished, and widely circulated in the region’s medical journals, such as the *Southern Medical and Surgical Journal (SMSJ)*, constantly reinforcing notions of racial difference and the need for racial hygiene.² Medical faculty lectured on alleged racial differences in colleges, in their private practice, and in hospitals, while medical students wrote their graduating theses on the subject. Further advancing medical racism, a specialist journal—Ramsay’s *Georgia Blister* (1853-54)—was developed, textbooks drafted, collections of specimens assembled and slave hospitals of various types opened across the region. This great mass of circulating racial knowledge always served white interests. Over the course of the long nineteenth century, which saw racialized chattel slavery mutate into racial segregation, thousands of such documents

were published on the topic of “Negro health and diseases,” a perverse white medical invention with absolutely no therapeutic value.

In support of slavery’s white racial hierarchy, leading medical figures in the South—such as Josiah Clark Nott of New Orleans and Mobile, Samuel Adolphus Cartwright of Natchez and New Orleans, and Paul Fitzsimmons Eve of Augusta and Nashville—built on the existing knowledge of the colonial Atlantic world’s racial science and promoted further perceived medical differences between blacks and whites. In the encyclopaedic and interdisciplinary *Types of Mankind* (1854), for example, Nott argued that there were significant variations in physical, moral and intellectual capacity and that the so-called “races” constituted separate creations, permanently fixed types, and that blacks were immeasurably inferior to whites. Nott’s pseudo-science not only buttressed white support for slavery, but also denied the growing abolitionist call for black freedom and equality (Nott and Gliddon). Similarly, Dr. Cartwright found evidence of black inferiority and distinctiveness at all levels of the human frame. Black people, he argued, possessed smaller brains, along with less efficient pulmonary and vascular systems, ignoring and distorting the abundant evidence of enslavement’s impact on black health. Identifying and framing diseases that were allegedly unique to black subjects, including *cachexia Africana* or dirt-eating and *struma-Africana* or Negro consumption, Cartwright also transformed everyday forms of resistance by the enslaved into new and spurious disease categories: including *drapetomania*, a “disease” causing enslaved people to run-away, and *dysaesthesia Aethiopica*, a hereditary condition, supposedly peculiar to black people, that rendered them “insensible to pain,” a convenient notion for slaveholder, overseer, patroller, and physician alike (Cartwright).

The publication of Nott's work and Cartwright's "Diseases and Peculiarities of the Negro Race" (1851) became ominous signs of a step change in white American scientific and medical racism and provided evidence of its widening reach. Nott's volume was generously supported by a wealthy and influential network of hundreds of subscribers and extensively reviewed in American journals and magazines (Nott and Gliddon 733-38), while Cartwright's essay was serialized in *DeBow's Review* (which had several thousand Southern readers and subscribers) in July, August, September, and November of 1851 (Kvach 99-125), and later reprinted in Ramsay's *Georgia Blister* between June and September 1854. Prominent physician-slaveholders, such as Nott and Cartwright, not only reached a wide readership by circulating racialized scientific ideas in these periodicals, but also communicated this potent brand of racism to a range of audiences, including the next generation of white doctors in the lecture-halls and dissecting rooms of medical colleges. These leading medical figures, working in urban institutional contexts, were not alone. As the typical case of Henry Ramsay demonstrates, in rural areas, Southern "country practitioners" not only shared and discussed the latest published work of the urban medical elite, but practiced and produced their own blend of medical racism, in the shape of observations, reports, and essays, for distribution and exchange with a range of readers and audiences.

Raised in a "Slaveholding Republic": The First Phase of Ramsay's Racialization

Henry Ramsay was born on June 29, 1821, in the town of Ruckersville, Elbert County, Georgia, along the border with South Carolina, part of a slave labor based cotton producing hinterland that extended up the Savannah River—and upcountry—

from Augusta. ~~At age twenty-five, Ramsay married Isabella Jane Cartledge on June 6, 1846, in neighboring Columbia County.~~ Best known in the first decade of the twenty-first century for its state parks, dam, and the town of Elberton's granite quarries, the area—then known as the Broad River Valley—was colonized by white migrants from Virginia and the Carolinas in the 1780s, following the seizure of a vast tract of Creek and Cherokee territory in 1773. Attracted by the rich natural resources and wealth-generating potential of the Native American land, many of these same white colonists forcibly migrated, or trafficked, black people to work on slave labor camps. Historian J. William Harris described this section of the cotton-growing Piedmont as a “Slaveholding Republic,” a sub-region of mainly small slaveholding units with a high percentage of non-slaveholders, in which white racism functioned both as social glue and defined the common culture (Harris). Ruckersville itself was named after John “Squire” Rucker, a prominent slaveholder who reputedly owned a dozen slave labor camps and is remembered by some, romantically, as “Georgia’s First Millionaire” (Ouzts). Wealthy whites with larger slaveholdings, such as Rucker, sometimes provided income and opportunities to local physicians, who might sign a contract to provide medical treatment to both the white family and the people they enslaved. As well as acting as a stimulus to the development of “Negro medicine,” these same wealthy slaveholders provided a model for the cultural tastes and material aspirations of white physicians like Ramsay in their quest for identity, status, and credibility.

Formerly enslaved people, interviewed by Federal Writers’ Project workers in the late 1930s, recalled several large slaveholding units in Elberton County, including that of John Rucker, and commented on the culture of slavery in the Broad River Valley

region. All of the interviewees enslaved in Elberton County recalled their parents having been sold from Virginia or Maryland and transported to Georgia by slave traders.³ Eighty-seven-year-old Jacob Thomas, for example, interviewed by Mary Hicks in Raleigh, North Carolina, related the distressing circumstances attending the sale of his mother, Isobel, to the Elberton County white enslaver Tom Bell: “Mammy was sold in Smithfield [Virginia] on de slave block an’ carried off, chained ‘hind a wagin. She turn’ roun’ an looks back at her husban’ who cries an’ de oberseer’s lash cuts his back, ‘cause dey ain’t ‘lowed ter cry at a sale” (348). Carrie Hudson, who was seventy-five years old when she was interviewed by Sadie Hornsby in Athens, Georgia, remembered that “Slave traders fotched my Pa, he was Phil Rucker, f’um Richmond, Virginny, and sold him to Marse Joe Squire Rucker” (212). The system of chattel slavery undermined black health in countless ways in Ramsay’s community, but, along with the daily demands of slave labor, no more so than through the morbid toll exacted by its ceaseless traffic in slave bodies. But for physicians stationed in slave trading hubs, as well as for country practitioners servicing the smaller-scale, finer capillaries, of the South’s extensive trafficking network, this endless flow of commodified black human beings was another opportunity to make money and sharpen their medical skills. This was the grotesque culture in which Henry Ramsay was born and raised, a world in which a slave’s life was a resource, a commodity, and an affliction.

An adult Henry Ramsay surfaces in the historical record embedded in the fraternity of Georgia slaveholders, leaving a dismal trace in the 1850 Federal Slave Schedules as a resident of Lincoln County and the enslaver of eight human beings: three males—aged three, nineteen, and thirty—and five females—aged six, eight, twelve, nineteen,

and forty-two (United States, *Seventh Census*). His “holdings” of human chattel were slightly less than the average in neighboring Oglethorpe county, estimated at twelve people per enslaver by Clarence Mohr, but quite typical for an upcountry slave-owner during the late antebellum years, with Harris calculating that over 55% of white enslavers in this same area of the state held fewer than ten black captives (Mohr 5; Harris 45). The labor value, market value, and reproductive potential of the two unnamed male and female nineteen year olds present a notable feature of Dr. Ramsay’s slaveholdings. Further, this same group of enslaved people offered Ramsay a professional value as human subjects, informing his often intimate “scientific” observations on black bodies and black diseases, his developing theory and practice of “Negro medicine.”

As remembered by many ex-slave interviewees who had been held captive in Georgia upcountry counties, white slaveholders and their employees dispensed little more than a rudimentary measure of health care to those enslaved on their labor camps. One white female interviewer reported that “Aunt Arrie said the Doctor was always called in when they were sick”; however, she immediately qualified this with “but we never sent fer him less’n somebody wuz real sick” (Binns 76). Some interviewees stated that they received care or medicines from their enslavers, often white mistresses, but much more common in the memory of upcountry Georgia ex-slaves were the natural remedies and caregiving dispensed in the black community (Boudry 116; Binns 76). Vernacular remedies were regularly appropriated and deployed by Southern whites, as well as those they enslaved. Such natural cures existed alongside domestic and plantation health manuals, sacred forms of healing, popular or patent remedies (as seen

in newspaper advertisements), and the emerging orthodoxy of modern professional medicine—in all a highly diverse, competitive, and fluid therapeutic landscape (Stowe 133-38; Fett 15-108).

In his earliest, and very brief, contribution to a medical journal, while resident in Raysville, Columbia County, Henry Ramsay provided details of his own use of vernacular or domestic treatments in the case of a white carpenter suffering from an inflamed and “black” tongue, Mr. W, to whom he “prescribed a warm toddy and a dose of sulph. magnesia” (Ramsay, “Singular”). No clear record survives of these early years of Ramsay’s medical apprenticeship, before his formal studies began, but subsequent published cases in the *Boston Medical and Surgical Journal (BMSJ)* indicate that he ranged considerably from this basic therapeutic approach. As seen in the example of Crawford W. Long, another northeast Georgia slaveholder-physician who “‘read’ medicine under Dr. George R. Grant of Jefferson,” medical students in the antebellum era would typically arrange to study with an established practitioner: using the doctor’s office, personal library, instruments, and drugs, as well as observing and assisting in his treatment of patients (Boland 24-25). Moving out of his preceptor’s shadow and beyond domestic medicine, Ramsay developed various medical research interests: including epidemiology, pathology, obstetrics, and pediatrics, to all of which he added white racial prejudice.

During the early 1850s, Ramsay started to make frequent contributions to professional journals, including one of the region’s leading titles, the *Charleston Medical Journal and Review (CMJR)*, and also to national and internationally prominent medical periodicals based in Boston, New York, and Philadelphia. In 1850, he published three

articles in the *CMJR*, two included postmortem observations of young black male patients, Ben (aged twenty-two) and William (aged twenty-eight), held captive by his white slaveholder clients “Mr. P.” and “Mr. W.T. Strother” (Ramsay, “Inflammation”; Ramsay, “Gastro-Enteritis”). Various cultural historians, including Jamie Warren, have noted that for “most Americans, regardless of race or region,” the autopsy was “the most commonly feared corpse desecration” (Warren 125). Enslaved people in the South had long been vulnerable to various forms of postmortem violence, including the mutilation and beheading of rebels and others condemned to execution, but a growing medical profession, alongside the formalization of coroner’s inquests, added further threats to the integrity of black corpses.⁴ In terms of professional medicine, this menace was further intensified by the development of antebellum patho-anatomical research and the gathering of “interesting” diseased specimens by physicians for individual office cabinets and into larger collections curated by medical colleges (Kenny, “Development”).

As a white slaveholder-physician, Ramsay already exercised considerable authority over black bodies—dead and alive—and his *CMJR* case narratives reveal no difficulty in gaining slaveholder consent for medical interventions and postmortems. Nor do his cases provide any record of slaveholder resistance to his appropriation of black body parts and specimens. In his closing remarks on William’s disease, Ramsay noted resistance to the opening of bodies that were presumably white: “Examinations after death are rare in country practice. There is a superstitious reference to them, and it is seldom we can secure a case, except where the light of science has made headway.” Rural Columbia County, however, was clearly a haven for what Ramsay regarded as

good scientific practice, adding: “Happily for the profession in some districts, this is realized, and it is hoped it will be universal ere long” (Ramsay, “Gastro-Enteritis” 732). Location was clearly no barrier to the development of pathological research in the slave South. Country practitioners, such as Dr. A. Connell in Marietta, Georgia, regularly retained, displayed, and exchanged morbid materials taken from black subjects. Connell, for example, in November 1853 amputated a gangrenous foot from “a negro girl about eleven years of age, belonging to Mr. Barber,” and then enhanced his professional reputation by reporting on her case to the *SMSJ* and depositing the specimen in the Medical College of Georgia’s museum (Connell 88).

In both of Ramsay’s *CMJR* autopsy cases, the bodies of the enslaved men are recorded as having been “opened” a matter of hours after death -- four hours after death in the case of Ben and ten hours following William’s passing. Ramsay’s report on Ben’s inflammation of the bladder, which terminated in gangrene, was a terse two pages, but did indicate that the autopsy was thorough and revealed “no disease of the *bowels, stomach, heart, or lungs*” (Ramsay, “Inflammation” 46). By contrast, the report of William’s postmortem recalled a more elaborate procedure conducted “in the presence of several intelligent gentlemen,” with much more detailed observations and reflections on the appearance of William’s vital organs. In common with thousands of other country practitioners in the antebellum South, Ramsay harvested and preserved soft tissues from the dead bodies of his slave cases. Following a vivid countrified description of the postmortem appearance of William’s lungs—“in the lower lobe of each were found calcareous concretions, varying from the size of a large buckshot to a mustard seed”—Ramsay remarked, “They are now in my possession” (Ramsay, “Gastro-Enteritis” 731).

If such declarations are taken as reliable evidence, then the practice of retaining “interesting materials” from autopsies on the enslaved was routine among antebellum Southern physicians, yet it is curious that so few records of these private collections have survived. This habitual practice of harvesting specimens from slave bodies, and assembling a personal storehouse of enslaved people’s remains, played a key role in Ramsay’s later work on racial science and “Negro medicine,” activities symbolic of his professional power and authority.

Another common concern Ramsay shared with fellow Southern slaveholders and slaveholder-physicians, was a determination to maximize the reproductive capacity of enslaved women, or slave breeding.⁵ “Contributions to Obstetrics,” for example, published in the Philadelphia *Medical Examiner and Record of Medical Science* in October 1850, offered detailed statistics of “several hundred cases of labor” Ramsay had attended and commentary on “rational midwifery in the Southern country.” In his introduction, Ramsay drew attention to the unique scientific opportunities presented by the South’s slaves, a theme he would return to with great frequency throughout his professional career: “The field of obstetrical observation in the South being confined largely to our black population, presents at many points advantages for the practical elucidation of obstricy [*sic*] nowhere else to be obtained by the professional man.” While Federal Writer’s Project interviewees enslaved in upcountry Georgia remembered the key role played by black midwives in delivering infants, by the late 1840s, as Ramsay claimed, in rural Georgia, as in many places across the South, “a large majority of the obstetrical cases among this class” were “exclusively under the control of the physician”—a procedure all the more likely on slaveholdings in close proximity to

medical colleges, with dozens of newly qualified doctors eagerly seeking such experiences (Ramsay, “Contributions” 561).

Slave-trading port cities such as Richmond, Charleston, and New Orleans were highlighted in antebellum literature on the trade in human chattel, but, as Michael Tadman has emphasized, though less noticeable to contemporary observers and many of slavery’s historians, there were also highly profitable local, neighborhood, and medium-scale intra-state trafficking networks in constant operation throughout the region.⁶ The same point applies to slave breeding; an iniquitous and ubiquitous form of sexual violence intrinsic to this wholesale system of human exploitation.⁷ Reproduction of the slave workforce to fulfill labor needs was essential to slaveholders. There was also profit to be realized from black bodies in times of surplus, financial need, and high prices. Echoing the writings of other Southern physicians, Ramsay’s “Contributions to Obstetrics” documents the ubiquity of such practices, his own deeply embedded stake in the culture of slave breeding, and how slave labor camps functioned as sites for clinical research:

Wherever our black population is dense, and their condition healthful, they increase with an almost unparalleled rapidity, and are unusually prolific; and such is the care with which they are provided for by their owners, to secure these desirable ends, that we hazard nothing in asserting that the negroes of Georgia are better provided for, *obstetrically* and *dietetically*, than any other dependent class upon this continent, *private infirmaries*, *public hospitals*, *alms-houses*, *pauper clinics* [sic], and *lying in hospitals*, to the contrary, notwithstanding. The planters have their family physicians, who have the exclusive control of the blacks, and who are called without reference to simple or emergent cases, and without regard to expense. (561, 562)

Ramsay’s comments here reveal both a slaveholder’s eugenic calculations and an ambitious Southern physician’s research agenda. They also functioned as defensive rhetoric designed to deflect a Northern readership during a period of increasing

sectional tension, as did Ramsay's highly unlikely explanation for "success" in not having "sustained a single loss" in his obstetric practice among the enslaved, "our blacks are well fed, clothed, and favored as to labor," he boasted (562).

Clearly articulated in his early published writings, Ramsay's apprenticeship was a period in which he became aware of both the scientific and financial opportunities presented by country practice in the South. For men like Ramsay, the giddy prospect of the profits to be made from "Negro medicine," in all its forms and applications, considerably diminished the risks involved in becoming a doctor. Furthermore, professional titles and social distinctions, with their intrinsic promise of even greater wealth and honor, were valuable cultural commodities in a slaveholding region characterized by the display of such white racial epaulettes.

Necropower's Alchemy: Ramsay's Racialized Medical Education

Ramsay's grassroots white Southern racism, learned and practiced as a slaveholder, in dialogue with family, friends, peers and neighbours, was reinforced and elaborated during his formal medical studies, which began in November 1851 at Augusta's Medical College of Georgia (MCG). Augusta was the market and cultural center of the Georgia and South Carolina slaveholding backcountry's expanding cotton economy, a prominence enabled and enhanced by developments in transport, industry, communication, and human trafficking (Cashin). By 1852, Augusta had over ten thousand inhabitants, almost half of whom were slaves. In fact, the city was one of Georgia's main slave trading hubs, second only to Savannah in the number of black

people trafficked across its boundaries, processed through a carceral network of jails, “hospitals,” and “pens” and then sold in its Lower Market House, with the 1850s regarded as a “golden age” for slave dealers in Augusta (Bellamy & Walker 168, 174-75). Slavery was, in short, central to most aspects of antebellum Augusta’s economic and cultural prominence and a well-developed racialized worldview united the white residents who enjoyed their privileges and prosperity in the city. Nested within, and intimately connected to the business of slavery in Augusta, MCG was a wholly racialized medical complex, shaped by the influence and power of the chattel system’s economy, ideology, and politics.⁸ In 1851, when Ramsay was enrolled as a student, the majority of MCG’s faculty held slaves.⁹

Several forms of medical racism, and its mechanisms of power, can be clearly detected in MCG’s everyday operations, but none is more palpable, or more disturbing, than the supply network of black cadavers essential to the college’s success as an educational institution and a center of medical knowledge-production. Recruitment documents circulated by MCG’s all white, all male, majority slaveholding faculty throughout the antebellum era stressed that “the most reliable arrangements for an ample supply” of anatomical material had been organized. Operating as an open secret alongside Augusta’s daily and inhuman traffic of the living, dead black bodies were appropriated for dissection at MCG, the greater part of whom originated from those who had been enslaved (Blakely & Harrington). Access to adequate anatomical resources significantly influenced a student’s choice of medical school. Indeed, throughout the nineteenth century, as Michael Sappol has argued, anatomy was the “charm” that “provided the physician with real advantages in his competition with other healers,”

defining his personal and professional identity and investing him with “epistemological, healing and cultural authority” (Sappol 75). Clearly, Henry Ramsay was one student who needed no convincing that anatomy was essential to modern medical science, since he was already familiar with opening bodies and keenly aware of their professional currency.

In addition to anatomical instruction, even avowed country practitioners like Ramsay eagerly sought formal clinical instruction and bedside experience with living patients in hospital settings. Many elite physicians even travelled to Europe for such experiences (Warner, *Against the Spirit*). Southern medical colleges, including MCG’s main rivals in Charleston and New Orleans, met this demand when they negotiated access with a cadre of poor house, marine, and charity hospital officials. At MCG, students and faculty were promised free admission to the City Hospital, with lectures delivered in the hospital wards twice weekly. Other faculty members, such as Paul Eve and Louis Dugas, staged daily surgical demonstrations at MCG’s infirmary, promoted in circulars with an assurance, for those who sought a practical knowledge of obstetrics, of “ample opportunities among our colored population” (*Twenty-Seventh*). Ramsay also attended obstetric and surgical operations at the Jackson Street Hospital and Surgical Infirmary for Negroes, which opened in 1849 and was widely advertised to slaveholders in newspapers, agricultural journals, and medical periodicals. The hospital was owned by the Campbell brothers, Henry and Robert, who were employed as MCG’s Demonstrator and Assistant Demonstrator of Anatomy and likely tutored Ramsay in dissection. Although the Jackson Street Hospital’s patient register has not survived, published

reports nonetheless indicate that obstetric cases accounted for a large number of admissions (Campbell & Campbell; H.F. Campbell; Carroll).

In the antebellum South, the health of slave infants and their mothers was extremely poor, with high mortality and morbidity rates, identified by many white slaveholder-physicians as a major threat to individual and regional wealth creation (G. Campbell; Schwartz 182-86). Richard Steckel, Gwyn Campbell, Marie Jenkins Schwartz, together with other historians of slavery and medicine, have argued that despite a high rate of natural increase among slaves in the United States, infant slave health was shockingly poor. Steckel's estimates suggest that the mortality rate was in the region of 350 per thousand (at the lowest), yet the total number of infants who were lost before the end of their first year of life was almost 50% (Steckel 427). Enslaved infants, children and pregnant women were also among the most vulnerable to white doctors' designs and ambitions, as Ramsay's early publications suggest. With no shortage of sickness, injuries and death then among slaves, there were even more prospects for clinical observation in Augusta, including within the private hospitals owned and operated by MCG faculty and student apprentices. In such urban hubs, the economy, culture, and necropolitics of Southern slavery satisfied every need of the region's professional medical community.¹⁰

Racialized cadaver and clinical supply chains both facilitated and shaped the learning experiences of MCG's students, especially in spaces such as the college's dissecting room and museum where core features of a shared white racial frame were triggered, exercised and reinforced by the fraternal, racialized and visceral experience of anatomy (Feagin 11, 13, 123-38). Dissection room photographs, produced for

medical students in the late nineteenth and early twentieth centuries, are powerful and often very troubling visual records of the social relations of anatomy under Jim Crow. As such, they also offer important clues as to how dissection was practiced and performed during the era of chattel slavery. On a basic level, the photographs document an important rite for passage for the white medical students and commemorate a significant stage in their development as physicians. Interpreted “in the broader context of their visual genre,” however, and informed by key themes in American medical history, as suggested by John Harley Warner, “the photographs become extraordinarily revealing cultural documents” (Warner “Witnessing” 8). The most common images of dissection under American apartheid at Southern medical colleges capture young physicians clustered around and posed alongside black bodies in various states of disarticulation, displaying the vulnerability of the black body, and foregrounding the brutal character traits associated with Southern white masculinity, including those “of mastery, control, conquest, and possession” (Warner “Witnessing” 13).

Photographs taken at MCG in the Jim Crow era similarly freeze and frame overloaded performances of white racial and medical power staged within the cloistered space of the college’s “dead-room.” The black bodies seen in these images are silenced subjects, exhumed and excised from familial and community care and contexts, seized to be scrutinized and slowly dissected by young white men learning their trade. The photographs capture a moment in the measured process by which black bodies were dematerialized, methodically reduced by white hands wielding surgical saws, knives, and scalpels. The images depict a slow, violent project of rendering flesh from bone, a procedure guided by reference to charts, models, and atlas, occasionally punctuated by

the preservation of “interesting materials” as specimens, with the shredded fragments of what remained discarded in the basement. Standing over and above the prostrate black cadaver, the white dissectors present an array of racialized postures, gestures, and expressions that reveal the underlying anatomy of the white racial frame, a racially modulated tableaux of intellectual curiosity, technical skill, clinical detachment, professional gravitas, pride and authority.

Beyond recording a genuine learning experience and a staging post in becoming a medical professional, such moments were inevitably charged with emotion and suffused with the raucous banter, what Hoberman has described as the silent or “hidden curriculum” of medical education that “perpetuates racial folklore” (Hoberman 16): a mordant giddiness inflected, coarsened and enabled by the shared culture of everyday grassroots white racism, sexism and elitism. In their very different ways, the cadaver stories of Southern physicians and the black communities they preyed upon draw attention to this culture and its violations.¹¹ White fear, a loathing of blackness, and racialized nervous humour were sometimes expressed in dehumanizing graffiti inscribed in chalk on the dissecting table, as accompanying captions to photographs in published medical school yearbooks, or in the very act posing the cadaver itself (Warner, “Witnessing” 25).

Together with stereotypes of blackness, grand racial narratives, and racial key words, racialized emotions, practices and visceral images—such as those embodied in dissection photos—are core components of the white racial frame under slavery, “drawn on selectively by whites to impose or maintain racial identity, privilege and dominance vis-à-vis people of color in everyday interactions” (Feagin x, 10-20). These visceral

images and “racist inscriptions,” evoking and reinforcing racial differences, became trophies displayed in doctor’s homes, offices, and medical colleges; they circulated among professionals as records of a common experience, a shared power, and sometimes emerged in the public realm as postcards. As Warner highlighted, dissecting room photographs were produced in a period of extreme racial violence and “resonate with another genre of commemorative photograph that also flourished between the 1880s and 1920s: lynching photography” (Warner, “Witnessing” 25). The dark emotions activated by racialized anatomical practices also surfaced in the professional writing of white Southern doctors, evidenced in Henry Ramsay’s published MD thesis on the necrological appearances of black bodies.

Necrological Appearances: Ramsay’s Rural Racial Science

Ramsay was one of 552 graduates at MCG’s spring commencement in March 1852, and in common with his peers, he was required to write a thesis (*Twenty-First*). Often the only required written assessment on the medical college curriculum, and in the aggregate displaying a rote quality borne of the assessment rubric and the institutional context, these documents were, as Steven Stowe and John Harley Warner observed, officially known as “inaugural theses,” “suggesting a man’s debut on the professional stage.” The theses were, like most knowledge produced in medical colleges at the time, a curious blend of student interests and the influences of their faculty mentors, not intended to be deeply researched or to contain new knowledge, and often focused on popular diseases—various fevers, of course, in the South—as well as new(ish)

treatments, “surgical procedures, and women’s ailments.” (Stowe 69; Warner, “Foreword” i-vi). Archival collections of antebellum Southern physician theses survive for medical colleges in Transylvania (Kentucky), Charleston (South Carolina) and Nashville (Tennessee), but unfortunately not for Augusta (Georgia) and New Orleans (Louisiana). Still, a number of theses from the latter locations were published in medical journals affiliated with these colleges.

Mirroring essays published in antebellum Southern agricultural journals and medical periodicals, including the Augusta-based *Southern Cultivator* and MCG’s *Southern Medical and Surgical Journal*, some theses addressed the subject of slave health and hygiene on slaveholding units. As a large number of the graduating physicians were slaveholders, or were apprenticed in slaveholding zones, many of their theses included case narrative style commentary on the treatment or observation of slave patients, and reproduced white racial stereotypes of black men, women and children. While dozens of Southern physician theses explored alleged racial differences related to specific diseases, organs and pathologies, far fewer students analyzed the topic explicitly in a sustained discussion. Perhaps, in a deeply racist culture, it may have seemed a redundant exercise. Along with Henry Ramsay, University of Nashville medical school graduate Theophilus Westmoreland’s dissertation on “The Anatomical and Physiological Difference in the Ethiopian and White Man” (1855) is a relatively rare exception of an antebellum thesis with a title that highlights racial differences. Ramsay’s thesis on the topic of “Southern typhoid fever in the Negro,” which he developed as a publication for both Northern and Southern audiences, is a remarkable dissertation due its depth of

engagement with an issue few graduating Southern physicians could match in terms of slaveholding and medical experiences.

First published in Augusta and dedicated to “the country and village practitioners of Georgia,” the thesis in its full title reveals the extent of Ramsay’s research ambitions, and the various disciplinary perspectives and ‘race’ making strategies employed in this racial project: “The Necrological Appearances of Southern Typhoid Fever in the Negro: with lists upon its prophylaxis and therapeutic management: together with observations upon the mental and physical peculiarities of the Ethiopian,—founded upon observational analysis, and autopsal results in his normal and abnormal condition, exhibiting their probable relative influence in forming the character of the disease South, and the presumed establishment of its primary origin in the Negro, upon physiological and pathological grounds.” Ramsay’s thesis not only framed the alleged Southern and black medical distinctiveness of typhoid fever, but more disturbingly provided evidence of the way in which white racial stereotypes of blackness and discriminatory practices shaped medical thought and practices in the slaveholding South. In turn his pamphlet embodied Southern medical thought and practice which deepened and spread white racism to an ever-expanding readership of physicians and students, including Northerners, to whom Ramsay appealed in a revised version of the thesis published the following year, 1853, in *Nelson’s Northern Lancet* (Ramsay, “Essay”).

Ramsay’s pamphlet targeting a Southern medical readership began with his declaration that the diseases of the South “should be a matter of vital importance and paramount interest to every intelligent mind in the Southern country.” Similarly, he argued that:

prominent peculiarities common to the Negro race cannot fail to elicit the profound attention of the whole South—especially when it is remembered that the population of fifteen states of this Republic are nearly a moiety of this color, involving a pecuniary aspect, about six hundred million, of dollars if we estimate the value at three hundred dollars per head.
(?Ramsay, “Necrological” 5)

Continuing a forceful and revealing introduction, beneath the brash epigraph “*Truth without Fear*” Ramsay declared that no one was better placed to identify the diseases distinct to the South, and “those peculiarities which are known and recognized by all candid men” as “belonging to the negro race,” than the “country and village practitioner of medicine.” What was more, as he argued in earlier publications, the Southern plantations offered “more cases of ordinary disease and obstetrics in one year, for the inspection of the physician, than can be seen in a Southern or Northern hospital in treble that time.” To this “vast field” the country and village practitioner had “exclusive access” for “practical deduction and medical investigation.” The inhuman spaces of Southern slave labor camps offered limited scope for black agency, but for a privileged white country practitioner like Ramsay the same terrain of suffering, exploitation and racial boundaries was enabling and career enhancing. In Ramsay’s pursuit of the capital to be made from black bodies, the worlds of medicine, white racism, and chattel slavery were utterly and darkly entangled.

Detailing post-mortem findings in the case of two young enslaved males (an unnamed boy, ten years old, the other a youth of seventeen) who died of typhoid fever in July 1851, Ramsay’s pamphlet contains prime examples of Southern medical research benefitting from the unethical environment of slave labor camps. He reported having retained portions of their intestines (more specifically, apparently enlarged mesenteric glands) as key evidence of “the differential character of the Southern form of

the malady.” Such “morbid preparations”, “autopsies and . . . observations,” Ramsay argued, confirmed not only that the disease had a regionally differential character, but also took a distinct form “among our negroes” (Ramsay, “Necrological” 10, 11). Here Ramsay displayed how the country practitioner, already trained to see and make racial differences in a variety of social, cultural and educational contexts, used a white frame to racialize diseases and pathologies.

Almost as disturbing as these “autopsal” appropriations and the racial framing of the young men’s organs, was Ramsay’s extensive commentary following the post-mortem report, an uninhibited white Southern racist rant that claimed the wholesale inferiority of enslaved black people on the grounds of what he identified as inherent and irrevocable physiological, pathological and psychological differences. In this section of the pamphlet, he produced a vicious and wearying multi-layered catalogue of anti-black racism that blended a coarse everyday white vernacular vision of enslaved people—the perspective of the typical Southern country practitioner—with detailed anatomical observations drawn from established and emerging racial science. In the following passage, for example, Ramsay summarized the scientific consensus in his own colloquial emotional and sensory evocation of scents, secretions, and anatomical observations:

The membranes, tendons, and other portions of the negro are darker in hue than the white: while the negro abounds in mucosities of a character which sometimes impairs the diagnosis of an unskilled physician in his affections. The secretion of the cutaneous surface in the negro, is strong and peculiar, of a musky character, which no one forgets, who has had his olfactories once scented with it. If any man doubts this fact in the regions of fanaticism, let him come South, and we will give him a practical illustration which he will never again question, by lodging him a night with one of our “*buck*” negroes, in a comfortable room and soft bed. The testal parts of the negro are smaller we believe than the white; while the male

appendage is longer. The vagina of the negres is larger and much easier relaxed than in the white; the pelvis more capacious, etc. The teeth of the negro are larger and longer than the white man, the incisors more pointed and better adapted to omniverous and carnivorous uses, and he is more subject to dental caries; but he apparently suffers less pain from dental extraction, and has less courage for the operation. The osseous system of the negro is harder and whiter than the white man; and has an excess of phosphate of lime over it. (Ramsay, "Necrological" 17) ¹²

This summary is overflowing with lurid white male racial fantasies, emotions, and anxieties, generated by the intimacy of a range of warped and unethical encounters between black and white bodies in spaces central to the routine business operations of both chattel slavery and professional medicine: indeed the fields, cabins, big houses, markets, pens, dissecting-rooms and hospitals through which Southern country practitioners like Ramsay journeyed were the very incubators and exchanges of prejudicial thought and practice.

Circulating Medical Racism: "Infantile therapeutics" and Ramsay's Georgia Blister and Critic

In 1853, Ramsay published a short paper in the prestigious *Boston Medical and Surgical Journal* that contained records of measurements purporting to chart the pulse and cranial dimensions of "southern negro" children, of both sexes at different ages, "with some remarks upon infantile therapeutics." This was one among a flurry of similar brief contributions published by Ramsay in the *BMSJ* during the same period as he sought to gain a wider professional reputation.¹³ Addressed to the journal's renowned editor, J.V.C. Smith, the paper on "southern negro" pediatrics included a table listing the pulse ratings, head measurements, age, sex, and color of thirty-two enslaved children and infants attended in his country practice (in Thomson, Georgia). This was

supplemented by two further compilations of statistics where Ramsay reported on the monthly and annual averages of the “Negro child’s” pulse— “upon sexual and non-sexual principles” as he termed it, with a characteristic verbal indulgence—and the comparative averages and annual developments of the “Negro child’s” head (Ramsay, “Pulse” 396).

At the outset of his correspondence with the *BMSJ*’s editor, Ramsay noted “there is much discrepancy existing in the accounts given of the physical characteristics of our own negro race” (Ramsay, “Pulse” 396). Indeed, evidence of slavery’s devastating impact on black health, especially among infants, could even be seen in the contemporary observations of some Southern enslavers. Thomas Affleck, for example, in an article published in E.D. Fenner’s *Southern Medical Reports* in 1851, admitted that “of those born, one half die under one year” (Affleck 435). The submission of “physic-vital mensurations of the negro child,” offered what Ramsay intended as scientific evidence supporting a broader pro-slavery assertion that the health of enslaved Southern children was far superior to that of free white children in New England. “The southern negro child is a fat, healthy subject,” Ramsay declared and: “You of Massachusetts would be astonished to see how the southerners raise them in the rural districts.” Glossing this science with a thick coat of romantic racism, Ramsay offered a Genovesean vision of slavery as characterized by paternalistic “mutual ties of reciprocal attachment” between blacks and whites: “I have no kind of doubt but there are hundreds and thousands of southern blacks so ardently attached to the masters of their childhood, that in no event would they become free, if opportunity offered.” Here, Ramsay also underscored the necessity for Southern medicine, “sure”, as he put it, in

his “own mind, that the difference in . . . latitudinal positions” between the Northern and Southern states was of “material” significance in “therapeutics,” a focus on specificity that anticipated his full-blown promotion of “Negro medicine” as a specialist branch of practice (Ramsay, “Pulse” 399-401).¹⁴

In this hectic phase of his career, between late 1853 and early 1854, Ramsay moved again, to Atlanta. Here he established a surgical practice, first in partnership with fellow MCG graduate Dr. Harrison Westmoreland, and then with an otherwise anonymous Dr. Smith, offered students “preparatory medical instruction” (including the benefit of his personal library and specimen collection), and launched a medical journal—the latter a bold step for a backcountry Southern physician.¹⁵ Connected by several rail lines, including the Georgia Railroad from Augusta, Atlanta by the early 1850s emerged as a transport and commercial hub not only for the slaveholding Georgia Piedmont area, but increasingly for the South (Ambrose). The rapidly growing town presented opportunities for various businesses enmeshed in the expanding economy of slavery, including slave traders and their physician-clients, like Ramsay and the Westmoreland brothers. John Gray Westmoreland, for example, who also graduated from MCG in 1852, found prospects sufficiently encouraging to found the city’s first medical society, journal and Atlanta Medical College, the forerunner of Emory University. Ramsay was an enthusiastic supporter of Westmoreland’s plans, lobbying the legislature for the medical school’s charter and promoting the venture in his own periodical, the *Georgia Blister and Critic* (Figure 1). Something went awry, however, in those flush times of 1854 and in an editorial in July that same year Ramsay expressed

deep reservations about the new college's financial and professional viability ("Can a Medical College Succeed").

Yet it was Ramsay's business project that proved short-lived, as the *Blister* ran for just one year from March 1854 through February 1855, and relatively short on content, providing little in the way of new and original regional and racialized medical knowledge as promised in its subtitle. Instead of several substantial "original communications" appearing in each issue, as was the practice in established regional medical periodicals such as the Medical College of the State of South Carolina's *CMJR* and MCG's *SMSJ*, Ramsay's *Blister* was largely comprised of reprints, extracts, reviews, advertisements and lively editorial comments. In issue four, for example, Ramsay offered the *Blister's* readers "that great and valuable article from the pen of Dr Cartwright upon the Negro," despite this essay having been serialized in *DeBow's Review* and the *New Orleans Medical and Surgical Journal (NOMSJ)* in 1851. Ramsay was an avid devotee of Cartwright's racial science and declared that the "article is worth an hundred times the annual price of our *Blister* to any farmer, and another opportunity may never offer to secure it" ("Negro" 101). Following the fourth and final instalment, Ramsay admitted that Cartwright's essay had already appeared in the *NOMSJ*, "but was never extensively circulated in our State." The humbug and hoaxing of confidence men was a common feature of nineteenth-century American culture, but, unlike Barnum, Ramsay would ultimately prove to be rather poor practitioner of the arts of deception. Further articles on the "Philosophy of the Negro Constitution," also by Cartwright, and "an article on the Quarteroon" were promised to the *Blister's* readers, but neither essay materialized (Ramsay, "Negro Constitution 173).

[Insert figure 1 approx. here.]

Bearing the legend “Willing to Praise-not afraid to Blame”, Ramsay’s *Blister* was also intended as an organ for the Southern country physician and, as “a conservative pro-slavery man,” Ramsay declared that he was determined to “publish facts of a stubborn character,” especially “in reference to anything bearing upon the medical aspect of slavery.” In the April 1854 edition of the *Blister*, Ramsay launched a withering attack on the Georgia Medical Society and its recently published volume of *Transactions*. “The artistic skill of the . . . volume is miserable. . . . The content of the volume, aggregately, are worse than the typography. . . . The introduction of personal matter into the society is a violation of the Code of Ethics” Ramsay protested, before continuing to criticize what he saw as several particularly “objectionable Reports.” Among his many complaints, Ramsay took exception to excessive use of personal pronouns in Dr. George F. Cooper’s article. Dr. Louis A. Dugas’s report “upon the treatment of fractures in country practice” Ramsay described as “a sort of nondescript in practical surgery”—“a complete and egotistic explosion upon the starch bandage”—a “bombastic surgical blunder” committed by someone “not at all conversant” with the “practical duties and bearings” of Georgia’s “Country Physicians” (Ramsay, “Transactions”). These outbursts suggest that Ramsay clashed with Dugas and other faculty members at MCG, and perhaps explains why his thesis was published independently and never appeared in the *SMSJ*.

Savannah physician Richard D. Arnold’s brief account of “the liability of the white and African races to Scrofula, Consumption, Fistula, & c.” received Ramsay’s most

damning criticism, having “crammed into about fifteen lines a Report of the most important character, which could not, in justice, have engrossed less than twenty pages.” In Ramsay’s opinion, Arnold had undervalued these important subjects and his report was “an insult to the good sense of the Georgia profession.” Worse still, Ramsay raged, “this miserable piece of folly was allowed publication, to the exclusion” of stronger essays by colleagues on the fringes of Augusta and Savannah’s elite professional medical cliques (Ramsay “Transactions”).¹⁶ Several months earlier, in a quarrel reported in the *SMSJ*, Arnold had charged Ramsay with gross violations of the Georgia State Medical Society’s code of ethics, perhaps initially for the attack on “cliques and journalists” composed of college and city practitioners in Ramsay’s published thesis, but more certainly for his “scurrilous abuse of several members the Society” in a published letter (Ramsay, “Necrological” 6; O’Keefe, “Medical Society of the State of Georgia” 386; Ramsay, “To the Members”).

While a tireless champion of Southern country practice, Ramsay craved the riches and status promised by “Negro medicine” in Georgia’s prospering urban slaveholding hubs. His inability to negotiate the codes and networks essential to securing lucrative professional partnerships and college appointments saw him descend into mental torment and a life of crime. Before their fraudulence was uncovered, Ramsay and an accomplice, Richard W. Jones, made numerous bogus claims for military service and bounty land to the Federal Pension Office in Washington, DC. Captured and taken to Savannah for questioning, Ramsay posted bail, but fled before the assembled jury could reach a verdict. He escaped as far as the town of Sparta, Alabama, but soon aroused suspicion by drafting further fraudulent mail requests for payment. Sparta’s deputy

postmaster called for Ramsay's arrest and he was decanted to the town's jail, where he committed suicide.

Conclusion

The frequency and the bitterness of his disputes with Georgia's medical elite, and the magnitude of his financial deceptions, reveal Ramsay as a flawed and rare character. His medical racism—built on a grassroots white racist folklore, stereotypes, emotions, inclinations to discriminate and prejudicial practices, acquired through the culture and worldview he learned and inherited as a slaveholder—however, was decidedly commonplace among urban and rural Southern doctors. This grassroots racism then metastasized through exposure to the medically racist environment and culture he encountered and became part of at MCG. Ramsay was determined to take this a stage further by publishing research and launching his own journal devoted to “Negro medicine,” in which he displayed his commitment to white racial science by reproducing and disseminating Cartwright's work.

In the same way that the enslaved black body was an essential resource through which white doctors like Ramsay gained and produced profit-making racial knowledge, acquired skills, consolidated status, built wealth, and developed professional reputations, so too was the concept of medical racism itself. As witnessed in Ramsay's education and career, medical racism had acquired different ways of seeing the black body, blending the practices and performances of slavery's everyday racism with powerful observational tools and strategies derived from medical science. The

expansion of slavery, medicine, and print culture in the antebellum-era meant that racial science, circulated in the form of case narratives and medical journals, was deployed in defense of racial exploitation and in the promotion of an emerging specialist field, “Negro medicine.” Racialized medical research based on exploiting slave bodies had a long tradition in Atlantic world and colonial science. While Ramsay was by no means its architect, as his case makes clear, in the antebellum era, medical racism was democratized, institutionalized, and professionalized; enabled, exercised, and communicated by increasing numbers of ordinary country practitioners and leaving a toxic legacy that survived well beyond the end of the Civil War.

University of Liverpool

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Notes

¹ See, for example, Thacher.

² For a selection of essays on slave health drawn from antebellum Southern agricultural journals, see Breeden, especially chapter 11: 163-223. For a typical essay on the subject of slave health, see Merrill.

³ See the interviews of Kizzie Colquitt, Benny Dillard, Bill Heard, Carrie Hudson, Charlie Hudson, Georgia Johnson, Lundy Rucker, and Jacob Thomas in Rawick, Vol. 10, "Arkansas Narratives, Parts 5 and 6"; Vol. 12, "Georgia Narratives, Parts 1 and 2"; and Vol. 15, "North Carolina Narratives, Parts 1 and 2."

⁴ On the coroner's office in the American South, see Berry et al. (*CSI: Dixie*) and Berry ("Historian as Death Investigator").

⁵ Schwartz's, *Birth of a Slave* and Smithers's *Slave Breeding* mark the best current examples of serious renewed interest in a topic that was viewed skeptically by some influential white male historians in the 1970s.

⁶ "Historical and popular literature has tended to focus on the urban centers of the trade, especially on New Orleans, but it would be wrong to assume either that New Orleans was a typical market or that traders and clients usually met at urban markets. New Orleans was of special importance, and in supplying the specialist demands of that city and its hinterland, the Chesapeake ports like Richmond, Virginia, were of great significance. Still, most traders acquired their slaves by touring the farming districts of their buying area and also by meeting clients at small market towns and hamlets. In selling too, the major towns and cities were far from being dominant: most traders, after marching their slaves south in coffles, sold them by touring the plantations and small settlements. The scattered, intensely rural, nature of the South meant that most of the traders' buying and selling was rural, and it meant, too, that the great majority of transactions were private sales, rather than being public auctions" (Tadman, "Significance" 126). See also Tadman's *Speculators and Slaves* (pp. 40-41, 49, 63, 65) and "Domestic Slave Trade."

⁷ See Baptist for a thorough elaboration of this key characteristic of American slavery.

⁸ For more detail on Augusta's slave hospitals and surgical demonstrations using slave patients, see Kenny, "Slavery."

⁹ See Louis A. Dugas, Alexander Means, J.P. Garvin, Lewis D. Ford, Joseph A. Eve, Henry Campbell, and Robert Campbell in the 1850 and 1860 U. S. Federal Census—Slave Schedules (United States, *Seventh Census*; United States, *Eighth Census*).

¹⁰ On necropolitics in a variety of different colonial contexts and time periods, see Mbembe.

¹¹ See especially Henry Clay Lewis's macabre tale, "Stealing a Baby" (in *Odd Leaves*) and the various contributions to *Bones in the Basement* (Blakely & Harrington).

¹² On the role of the senses in racialization, see Smith.

¹³ See, for example, Ramsay's essays on "Southern Obstetricry," "Quinine," and "Trephining."

¹⁴ On the idea of American slavery as characterized by paternalistic relationships between whites and blacks, see Genovese.

¹⁵ For the partnership of Ramsay and Westmoreland, see advertisement in *The Georgia Blister and Critic*, Vol. 1, No. 5 (July 1854); for details of the practice of Drs. Smith and Ramsay, see the *Atlanta Weekly Intelligencer*, 22 Feb 1855.